

DEPARTMENT OF FINANCE AND ADMINISTRATION
REVENUE DIVISION – MISCELLANEOUS TAX SECTION
APPLICATION FOR COIN OPERATED AMUSEMENT EQUIPMENT
OPERATED AT CARNIVALS, FAIRS AND SPECIAL EVENTS

Class Code: **5501**

Date: _____
Fiscal 2004

Name of Owner/Operator: _____

Business Name: _____

Home Address: _____

 (City) (State) (Zip)

Business Phone: () ____ - _____, () ____ - _____

Fax: () ____ - _____ E-Mail: _____

Answer the Following:

1. Have you are any of the business' owners/operators been convicted of a felony? _____
2. If you answer yes; explain (giving dates, type offense and locations):

3. Do you hold a current/valid/properly executed **Arkansas Carnival Amusement Bond**: _____

4. If you answer yes to three, give type by checking one of the following

Assigned Certificate of Deposit __ Bank Letter of Credit __ Cash __ Surety Bond __

Company holding the surety document _____,

Address & Phone Number of Company _____,

Amount of Bond _____.

Complete the following giving places, dates, and number of days to operate for the period between July 1, 2003 and June 30, 2004.

Location	Dates From / To	No. of days operating	Other

As Owner and or Operator I do certify the above information is true and correct:

 (Signature of Investigator)

 (Date)

 (Signature Owner/Operator)

 (Date)

\$\$\$ Cost of permits are \$75.00 per month 1-3 machines \$150.00 per month 4 or more machines\$\$\$
 Maximum number of months to operate at these amounts is three (3)